

CLAIMS ONLY							Application Number <b>101642493</b>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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<del>4</del>							54		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total							Total		
Indep							Indep		
Total							Total		
Depend	6						Depend		
Total							Total		
Claims	7						Claims		